

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

0 / 522490

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	C	C				
4		1				
5		1				
6		1				
7		1				
8		1				
9						
10						
11		1				
12		1				
13						
14						
15						
16						
17		1				
18	1					
19		1				
20						
21						
22						
23	1					
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33	C	C				
34		1				
35						
36						
37		1				
38	C	C				
39		1				
40		1				
41		1				
42						
43						
44		1				
45						
46						
47						
48						
49		1				
50						
TOTAL IND.	3					
TOTAL DEP.	26					
TOTAL CLAIMS	29					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						